

10/585335

AP20 Rec'd PCT/PTO 06 JUL 2006

Application Data Sheet

**Application Information**

Application Type:: National Stage  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: USE OF PILOCARPINE FOR  
HYPOPTYALISM TREATMENT  
Attorney Docket Number:: 0540-1061  
Request for Early  
Publication?::  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets::  
Small Entity?:: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: PHILIPPE  
Middle Name::  
Family Name:: PEROVITCH  
Name Suffix::  
City of Residence:: LEGE CAP FERRET  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 9 RUE DES MARINS - LES JACQUETS  
Address::  
City of Mailing Address:: LEGE CAP FERRET  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-33980

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: MARC  
Middle Name::  
Family Name:: MAURY  
Name Suffix::  
City of Residence:: SAINT MEDARD EN JALLES  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 21 RUE LOUIS JOUVET  
Address::  
City of Mailing Address:: SAINT MEDARD EN JALLES

State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-33160

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: JEAN  
Middle Name::  
Family Name:: DEYMES  
Name Suffix::  
City of Residence:: BORDEAUX  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 9 RUE FRANTZ DESPAGNET  
Address::  
City of Mailing Address:: BORDEAUX  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-33000

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2005/050012	1/7/05

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	04 50050	1/9/04	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::